



100% OWNER REVIEW
NOT FOR CONSTRUCTION
12/16/2011



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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.

Signature

Registration No.

Date 11/17/2011

APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INJECTION CONTROL NURSE	DATE
APPROVED: GEARS COORDINATOR	DATE	APPROVED: PATIENT SAFETY	DATE
APPROVED: PROJECTS SECTION MANAGER	DATE	APPROVED: CHIEF OF POLICE	DATE
APPROVED: DIRECTOR FMS	DATE	APPROVED: SAFETY MANAGER	DATE

PROJECT TITLE FLUMING DETAILS	PROJECT NO. DM	PROJECT DATE 12/16/2011
APPROVED: CHIEF OF STAFF	APPROVED: MEDICAL CENTER DIRECTOR	APPROVED: CHIEF OF POLICE

BUILDING NO. DM	PROJECT NO. DM	PROJECT DATE 12/16/2011
LOCATION 4801 VETERANS DR. SAINT CLOUD, MN	PROJECT NO. P400	PROJECT DATE 12/16/2011

PROJECT TITLE LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT	PROJECT NO. P400	PROJECT DATE 12/16/2011
PROJECT NO. P400	PROJECT DATE 12/16/2011	PROJECT NO. P400

